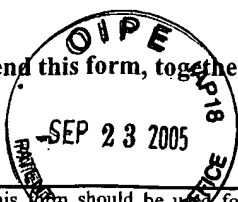


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22440 7590 09/08/2005

**GOTTLIEB RACKMAN & REISMAN PC  
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09/26/2005 JBALINA2 00000052 10809314

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|                           |                    |
|---------------------------|--------------------|
| <b>HUNTER, Belinda J.</b> | (Depositor's name) |
| <i>Belinda J. Hunter</i>  | (Signature)        |
| <b>September 21, 2005</b> | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/809,314      | 03/24/2004  | Richard Fraczek      | 406-114             | 6491             |

TITLE OF INVENTION: **HARDWARE AND CLUTCH MECHANISM FOR WINDOW TREATMENT**

Reply Ref: 09/26/2005 JBALINA2 0013372700  
DAH: 071730 Name/Number: 10809314  
FC: 9204 \$8.00 CR

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$700     | \$300           | \$1000           | 12/08/2005 |

| EXAMINER         | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| JOHNSON, BLAIR M | 3634     | 160-170000     |

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 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**ROLLEASE, INC.**

**200 Harvard Avenue, Stamford, Connecticut 06902-6320**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Jeffrey M. Kaden*  
 Typed or printed name **KADEN, Jeffrey M**

Date **September 21, 2005**  
 Registration No. **31,268**

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|--|----------------------|------------------------|----------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/809,314             |          |
|  | Filing Date          | March 24, 2004         |          |
|  | First Named Inventor | FRACZEK, Richard       |          |
|  | Art Unit             | 3634                   |          |
|  | Examiner Name        | JOHNSON, Blair M       |          |
| Total Number of Pages in This Submission   | 5                    | Attorney Docket Number | 0406-114 |

| ENCLOSURES <i>(Check all that apply)</i>   |  |   |
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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return receipt postcard; |
| <b>Remarks</b><br>Customer No. 22440<br>Confirmation No. 6491  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                |
|--|--------------------------------|
| Firm or Individual name                    | KADEN, Jeffrey M Reg No 31,268 |
| Signature                                  |                                |
| Date                                       | September 21, 2005             |

| CERTIFICATE OF TRANSMISSION/MAILING   |                    |
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